

**HOSPITAL SERVICES SUB-COMMITTEE OF THE CENTRAL MEDICAL  
ADVISORY COMMITTEE**

Minutes of the meeting held on Thursday 4 March 1999 at 2.15pm in Room 922, Dundonald House.

**Present:**

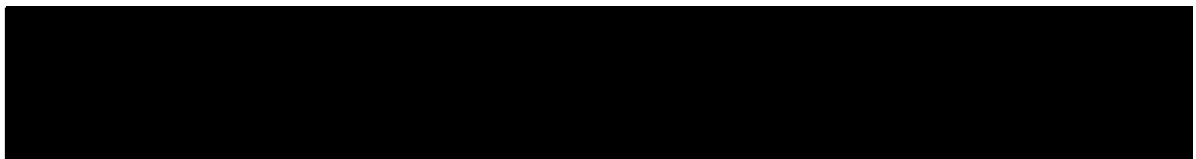
- Dr D A J Keegan (Chairman)
- Dr J Jenkins
- Dr J Murray
- Mr D A Adams
- Mr J McMahan
- Dr M E Callender
- Dr R McMillen
- Dr M Curran
- Mr J W Calderwood
- Mr A H McMurray
- Dr H G McNeill
- Mr W J I Stirling
- Dr C Hamilton
- Dr E P Corkey
- Dr J R McCluggage
- Dr A M Telford
- Dr C Marriott
- Dr D Stewart
- Dr M Stewart
- Dr M Lyons

**In Attendance:**

- Dr H Campbell (CMO)
- Dr P Woods



**1. APOLOGIES**



**2. CHAIRMAN'S BUSINESS**

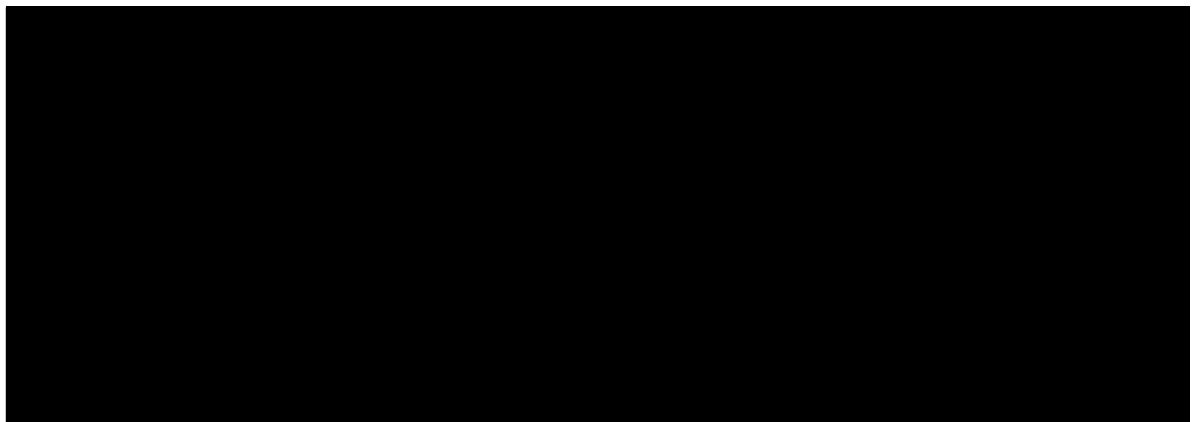
The Chairman informed members that a paper entitled "Fit for the Future – A New Approach" had been launched that day by the Minister setting out his vision for the future structure and organisation of the Health and Personal Social Services in Northern Ireland. A copy of a press release on this paper had been circulated to members.

**3. MINUTES OF THE LAST MEETING**



**4. MATTERS ARISING FROM THE MINUTES**

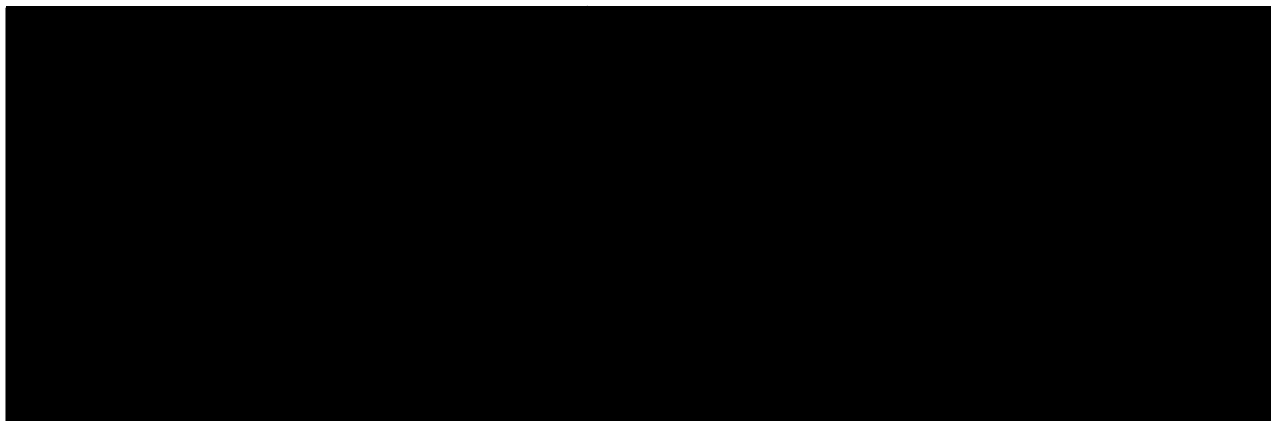
**4.1 Cancer Services**



**4.2 Fit for the Future**

The Chairman reported that "Fit for the Future" had generated a large body of opinion from the HPSS and others on how services should be developed. All responses had been carefully considered and a written summary analysis of these would be published in the near future. The Minister had acknowledged that it was important that there was rapid progress on the programme to renew and modernise the HPSS. He intended, to present this vision to the Northern Ireland Assembly for consideration. It would, of course, be for the Assembly to determine the way forward in this matter.

**5. SPECIALIST REGISTRAR STAFFING 1999/2000**





## **Anaesthetics**



## **Paediatric Medicine**

The SAC had recommended that a sub-group should be established to examine the implications of sub-specialisation in paediatric medicine and determine a plan for its development. The Committee had reiterated its recommendation that a training post in paediatric A&E should be established at the RBHSC. Dr Jenkins said it was hoped to establish this important post shortly. He drew attention to recommendations relating to regional neonatal transport arrangements and the establishment of a regional paediatric intensive care retrieval service and the possible need for a further training post to take account of these developments.

Dr Woods referred members to the Appendix of the paper which is a summary of the medical workforce plans in each specialty for 1999-2008. He highlighted the following:-

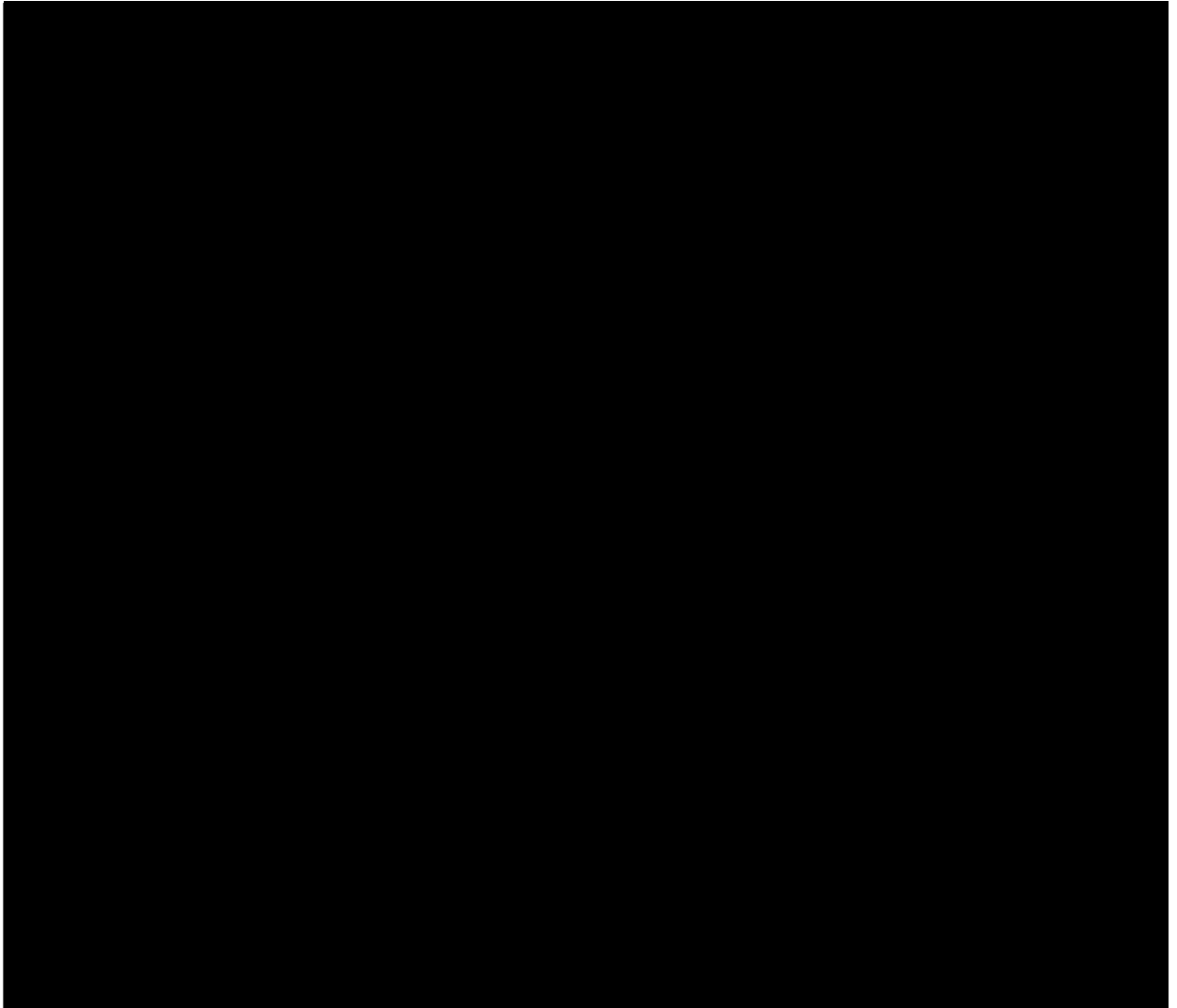
- It was estimated that approximately £350,000 would be required to implement SAC recommendations in 1999. The resources available to NICPGMDE for junior doctors' salaries had not yet been finalised but indications were that some recommendations would be deferred and it was likely that some prioritisation would be required.

During discussion the following main points emerged:-

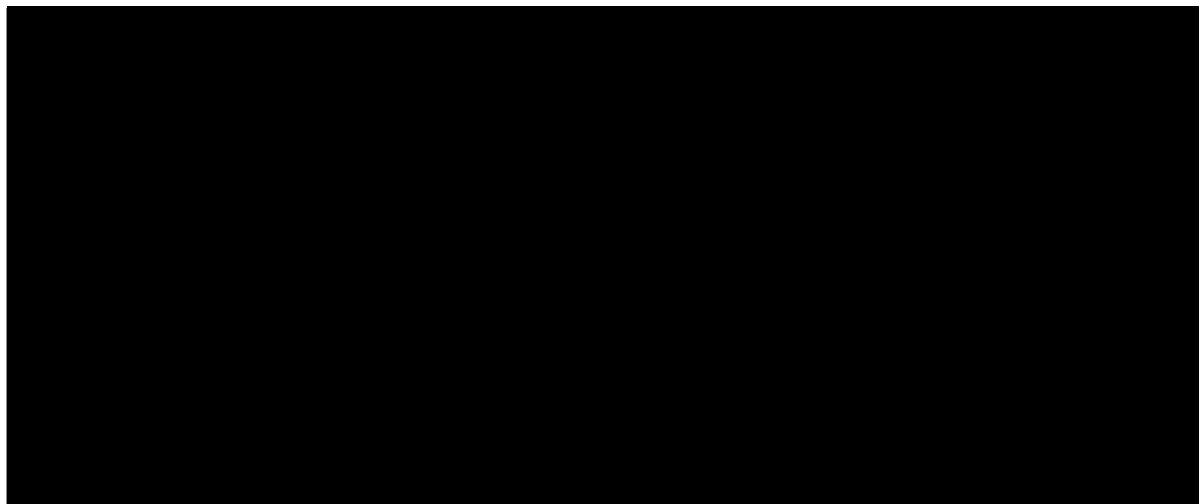
- Dr Callender expressed concern that some SAC recommendations might be deferred. He considered consultant requirements on which workforce plans were based somewhat conservative. Dr Callender emphasised the importance of implementing all the SAC recommendations in the training year 1999/00.

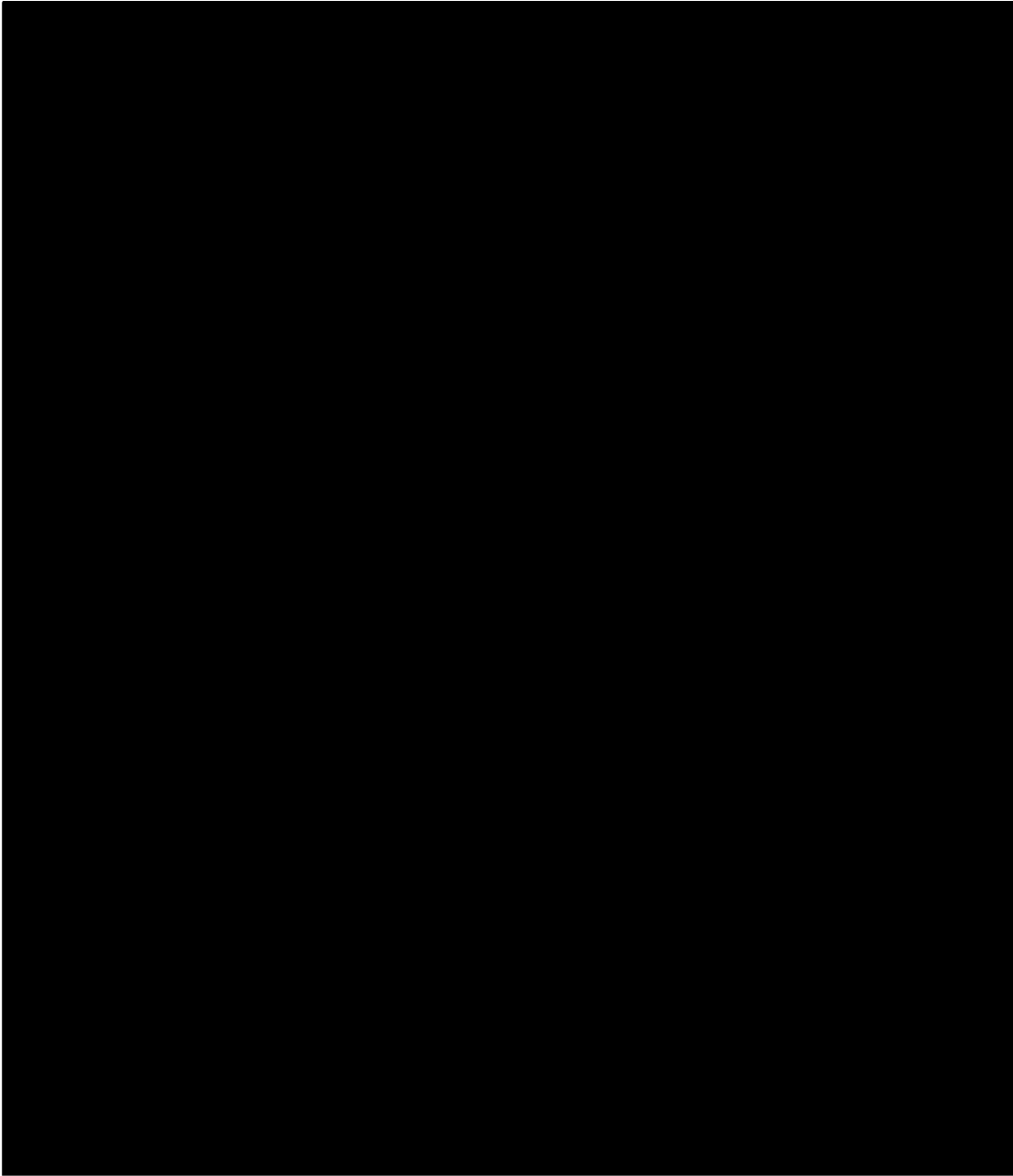
The Committee endorsed the recommendations of the SACs and strongly supported the view that all the SAC recommendations should be implemented in the training year 1999/00.

**6. REVIEW OF TIME-EXPIRED SENIOR REGISTRARS**



**7. SHORTAGE OF ACUTE HOSPITAL BEDS**





**8. PUTTING IT RIGHT**

CMO said that on 30 November the Minister had launched the document "Putting It Right" – the case for change in NI's hospital services. The document described the problems facing hospital services in NI, offered new approaches to tackling these and sets out a vision of the way forward to deliver a modern and effective high quality accessible hospital service.

The Minister had stated that it would be up to the Assembly to take decisions on the future of hospital services in NI and this paper had been prepared to offer informed advice and assistance to the Assembly in this task.

CMO referred to the paper entitled "Fit for the Future – A New Approach" launched that day by the Minister setting out his vision for the restructuring of the Health and Personal Social Services in NI. It would, be for the Assembly to take decisions on the way forward.

During discussion the following points emerged:-

Dr Marriott expressed concern that views offered by the BMA Consultant Committee on the Fit for the Future consultation document with regard to the need to address improvements in ambulance services, paramedical services and roads in NI had not been reflected in the document "Putting it Right".

Dr McCluggage felt it was essential that Assembly representatives are aware of the importance of providing quality health care and recognise that the medical profession must follow national clinical quality standards of care set by Royal Colleges.

Members supported the emphasis placed on promoting the quality of care in the documents "Putting it Right" and "Fit for the Future – A New Approach" and agreed that it was important to convey this message to the public and political representatives.

CMO said it was hoped that the IHSM and the BMA will organise a conference to brief Assembly representatives on health service issues.

Dr Lyons advised that CMAC had expressed concerns about pressures on acute services, and the quality of services. It was recognised that final decisions on the way forward would be a matter for the Assembly. However, CMAC, had expressed fears about delays in decision making until the Assembly was set up. Inaction on these matters could result in crises in health services. CMAC had urged that the Minister should be made aware of the medical profession's strong feelings that urgent action should be taken on these critical issues and that the current momentum for change should not be lost.

Members welcomed the documents "Putting it Right" and "Fit for the Future – A New Approach" and, in general, endorsed the approaches outlined in the documents.

During discussion Dr Marriott wished to record that she had reservations about expressing support for some of the approaches set out in the document "Putting it Right" and that she had not yet had the opportunity to consider the document – "Fit for the Future – A New Approach".

Summing up the Chairman agreed to write to the Department expressing the Committee's support for the general thrust of the proposals outlined in these documents and conveying the concerns expressed by the Committee.

## 9. SURVEY OF STAFF GRADE POST

Dr Woods gave members an update on the results of the survey of staff grade posts approved by the Department which was carried out in October 1998. He drew attention to the aims of the survey:-

- To determine the current position of all staff grade posts in terms of: posts approved, posts filled; number of posts unfilled more than one year after approval; and posts filled with an alternative grade.
- To obtain information on out of hours commitment, gender and age of practitioners appointed to the grade.
- To determine the number of staff grade posts that contribute to the 10% ceiling of total consultant posts.

Dr Woods gave members a brief summary of the main points:-

- By December 1996, the number of staff grade posts approved had been 79. Of these 57 posts were occupied by staff grade doctors.
- Two groups of doctors no longer contribute to the 10% ceiling – those in A&E medicine and Community Child Health.
- At October 1998, the total number of staff grade posts known was 114, 21 of the posts were in A&E and 15 posts in Community Child Health. The remaining 78 posts contribute to the 10% ceiling.
- Returns indicated that 10 of these 78 posts had remained vacant for a prolonged period. On deletion of these posts there would be 68 posts contributing to the 10% ceiling.

Dr Woods sought HSSC views on:-

- the deletion of the 10 vacant staff grade posts
- the continued need for the 10% ceiling on staff grade numbers.

In response to a query, Dr Woods advised that the 10% ceiling on staff grade posts had been removed in England and Wales some 18 months previously.

During discussion, members expressed concerns that the removal of the ceiling in England and Wales had not stopped Trusts creating non standard grade posts and there was no system of control over those appointments.

Members emphasised the need for applications for the establishment of Staff Grade posts to be dealt with quickly. In response the Chairman advised that Chairman's action to approve these posts is taken between meetings of HSSC.

There was concern that retaining the ceiling would cause difficulties in the development and delivery of services in some specialties for example paediatrics.

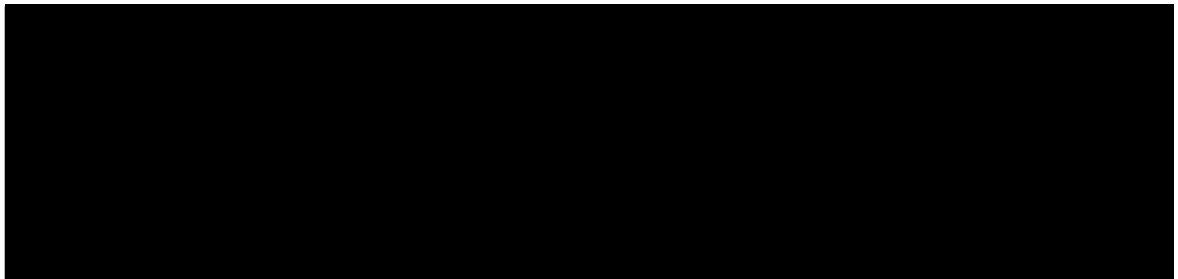
In general HSSC was in favour of removing the 10% ceiling on staff grade numbers subject to the current arrangements for HSSC scrutiny and approval of Trust's proposals for the establishment of staff grade posts remaining.

10. **APPLICATIONS FOR THE APPROVAL OF NEW POSTS**

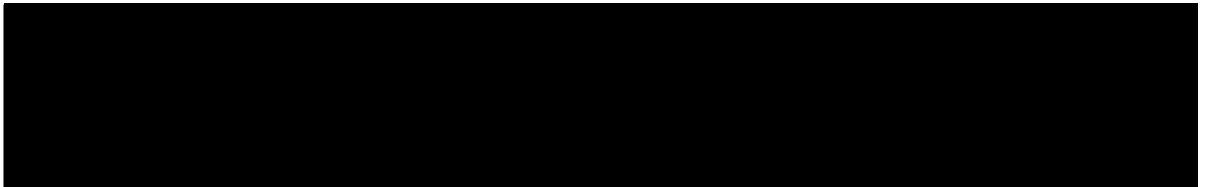
**STAFF GRADE POST -- OTORHINOLARGYNGOLOGY -- ANTRIM HOSPITAL**



**STAFF GRADE POST -- RENAL MEDICINE -- TYRONE COUNTY HOSPITAL**



**STAFF GRADE POST -- GERIATRIC MEDICINE -- ALTNAGELVIN AREA HOSPITAL**



**STAFF GRADE POST -- PAEDIATRICS -- TYRONE COUNTY HOSPITAL**

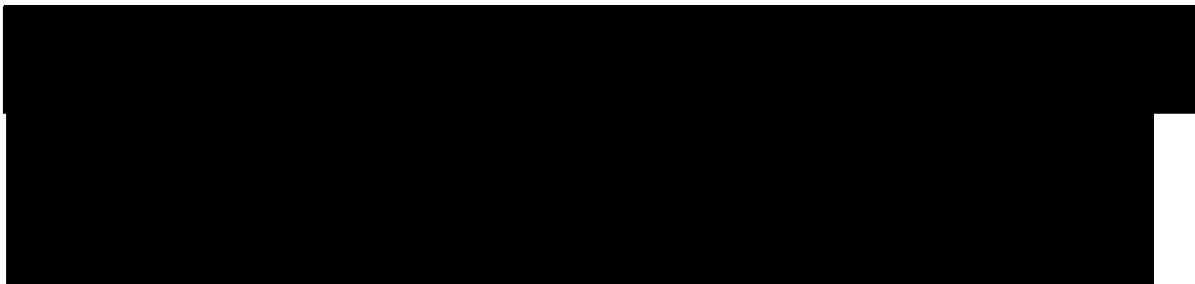
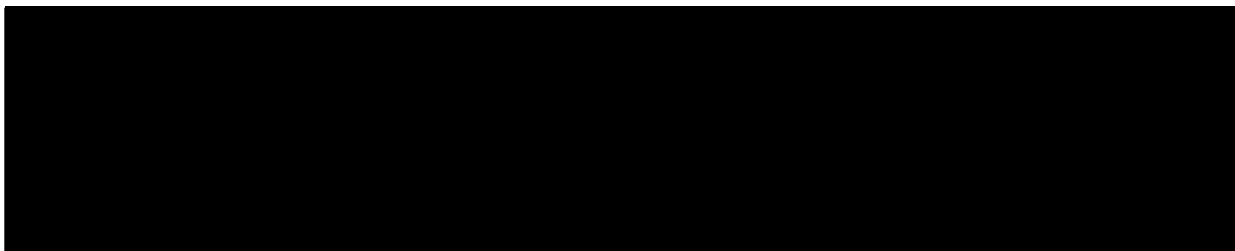
Members noted that this staff grade post is being proposed as part of the re-structuring of maternity and paediatric services at the Erne and Tyrone County Hospitals. This additional post is being created to support the establishment of an Ambulatory Paediatric service at Tyrone County Hospital. The proposed change is aimed at meeting the standards expected by the Royal Colleges of Physicians and Paediatricians.

Members were advised that the comments of the Specialty Adviser and BMA had been sought and that some points in respect of the job plan for the post required clarification.

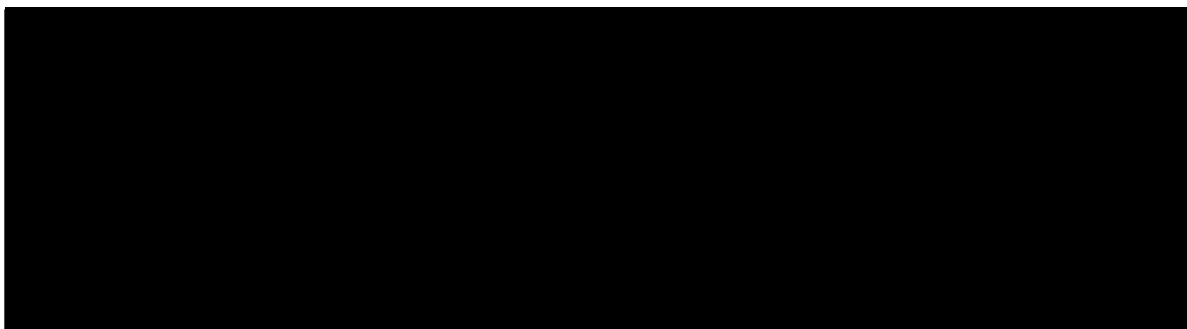
HSSC agreed in principle to the approval of this post, subject to confirmation that the relevant queries in respect of the job plan had been cleared. The Chairman, on behalf of HSSC, would take action in relation to the approval of the post.



**STAFF GRADE POST – PSYCHIATRY (REHABILITATION) – DOWN  
LISBURN TRUST**



**STAFF GRADE POST – GENERAL MEDICINE – ANTRIM HOSPITAL**



**11. JUNIOR DOCTORS HOURS – THE NEW DEAL  
REPORT ON 30 SEPTEMBER 1998 SURVEY**

Members had received a report based on returns presented by each Trust on progress towards the New Deal at 30 September 1998. This is the fourth 6 monthly survey which the Trusts have completed.

Dr Woods summarised some of the key areas as follows:-

- The overall position had essentially remained unchanged since the March 98 survey with one in six junior doctors still working outside the terms and conditions of service.
- Trusts reported that 82.6% junior doctors complied with New Deal targets – this represented a decrease in percentage terms from the position in March 1998 when 83.7% posts complied.
- There had been an improvement in compliance in the PRHO grade. Factors specific to this grade had been a small increase in numbers and some rationalisation of acute sites.

- The SHO grade had seen a decrease in compliance. Trusts reported that 83% of SHO posts comply compared to 89% in March 1998.
- The paper describes the main causes for non-compliance. Intensity of work was a problem in approximately 170 posts, an increase on previous surveys.
- Most Trusts had established local task forces and had supplied details of measures needed for the further implementation of the New Deal. It was proposed that those Trusts experiencing the greatest difficulty with implementation should be visited in the next three months to examine their problems in detail.

Dr Woods sought comments from members. During discussion the following points arose:-

- It was noted that this is the first survey that a number of posts in Anaesthetists failed to comply with New Deal targets.
- Dr Marriott emphasised the importance of taking account of all the factors. She referred to the increase in the numbers of SHOs and questioned whether SACs in reviewing medical staffing had taken into consideration the New Deal and the uptake of work done by junior doctors. Also more staff grade doctors could pick up some of the increased workload to help achieve New Deal compliance.
- Dr Woods said it was recognised that a number of factors came into play including the growth in activity in the acute sector. It was recognised that where increased demand was placed on the acute sector there was a need to look at measures to deal with this other than by seeking to recruit SHOs.

HSSC noted the report on junior doctors hours.

## 12. THE RECRUITMENT OF DOCTORS AND DENTISTS IN TRAINING – DRAFT CIRCULAR

Members had received a draft circular entitled “The Recruitment of Doctors and Dentists in Training” setting out arrangements for ensuring that all training opportunities to which trainees were recruited were of an acceptable standard and accord with educational requirements.

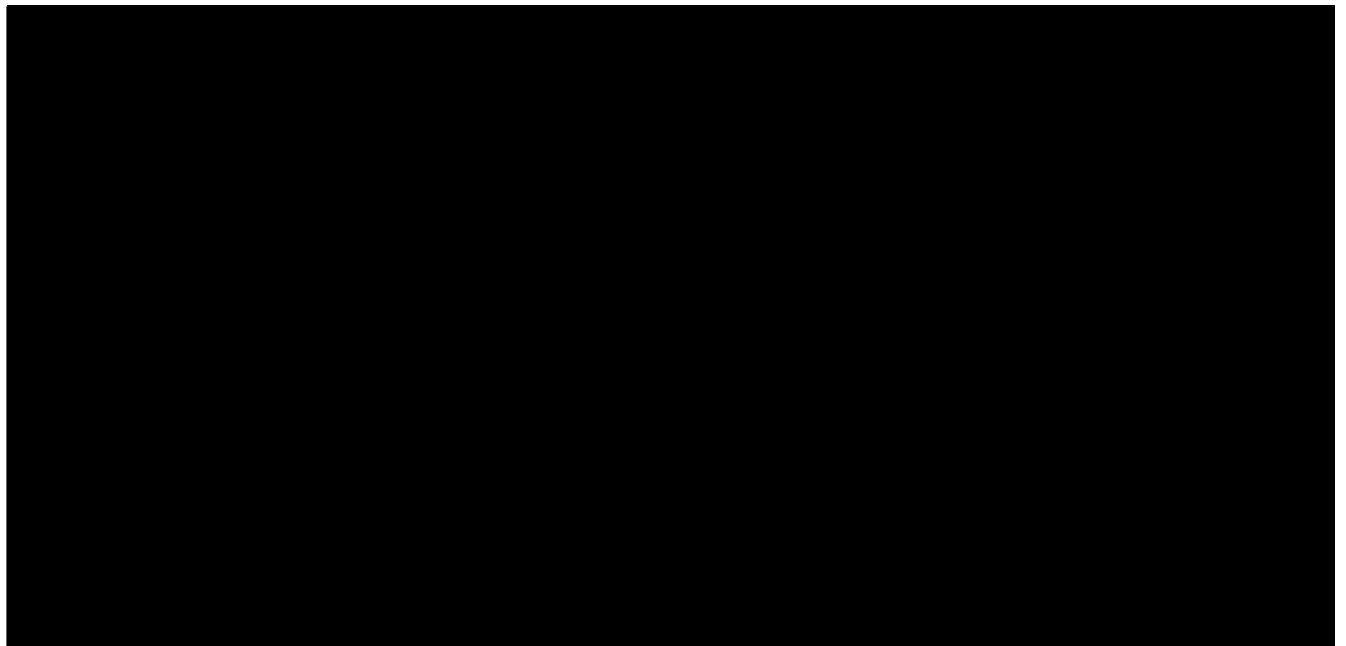
Dr Woods gave members a brief summary of some of the key points. In particular he referred to the requirement that any post or programme which does not have both educational approval and approval by the postgraduate Dean cannot be designated a training placement or programme. He sought members comments and during discussion the following points emerged:-

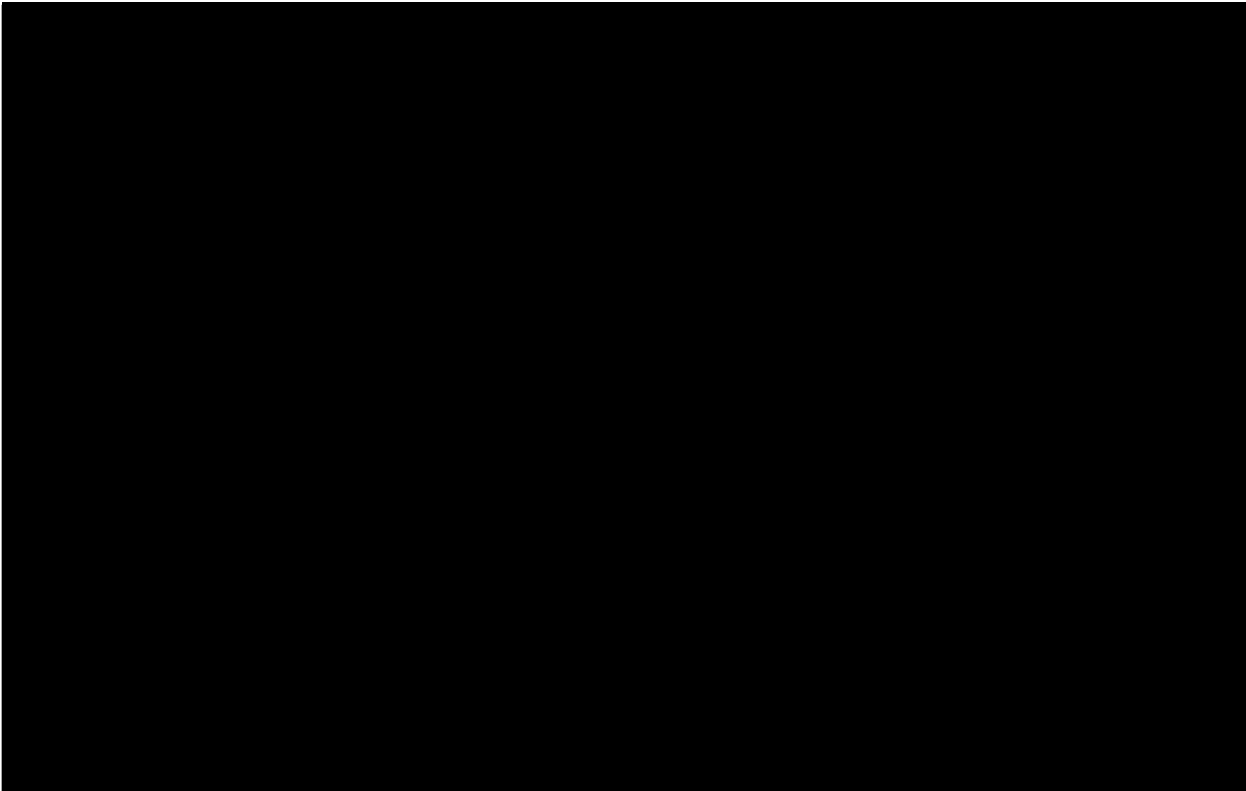
- Members referred to the importance of training academic leaders of the future and noted that academic medicine is not specifically mentioned in the circular. In response CMO advised that a number of working groups are currently

addressing the issue of the recruitment and retention of doctors in academic medicine.

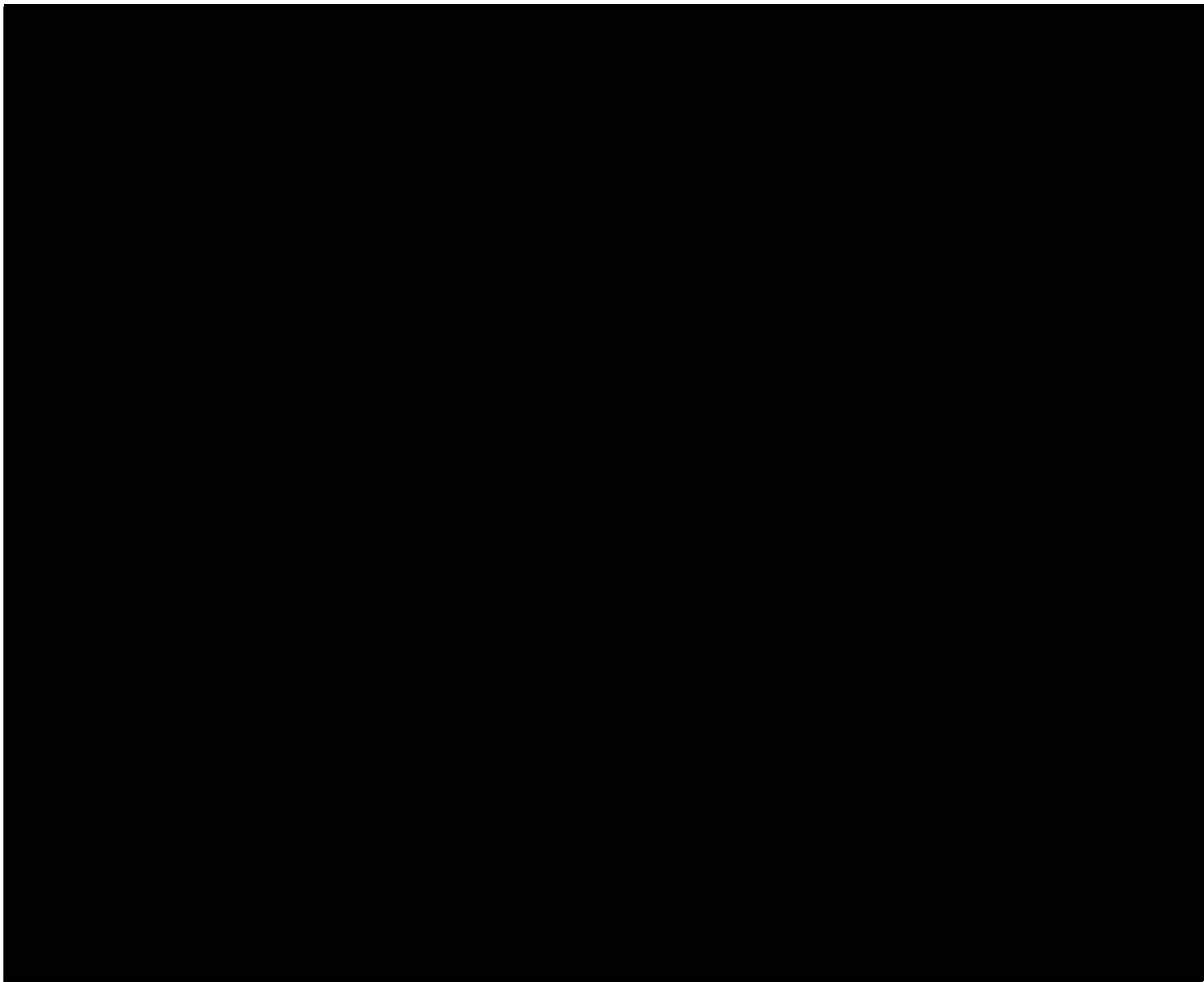
- Mr Stirling noted the lack of reference to non – recognised HS Training grade doctors working in registrar posts and suggested that specific guidelines are required on this issue.
- Dr Jenkins drew attention to the statement at paragraph 6 “non-standard career grade titles should only be used when there is an exceptional or overriding need to do so” and he sought clarification about how this would be defined. Members suggested that this sentence should be deleted in the NI version of the circular. Dr Woods indicated that more stringent arrangement relating to the use of non-standard career grade titles might be applied in NI.
- Members noted that the circular indicates that SHO placements can only be created with the approval of the Postgraduate Dean and that SHO posts are funded from the Dean’s budget. In response, Dr McCluggage said that the postgraduate Dean in NI has no facilities to fund SHO posts. During discussion concerns were raised about the funding of training grade posts by Trusts and that postgraduate Dean’s approval cannot be granted to a post where a trust funds more than 50% of the basic salary costs. Dr McCluggage stated that the circular prevents Trusts creating training grade posts which do not have educational and postgraduate Dean approval.
- It was suggested that postgraduate Dean’s approval should be required for research registrar posts.
- In conclusion Dr Woods advised members that any further comments they wished to make on the circular should be sent to him by the 4 April 1999.

### 13. PREVENTION AND TREATMENT OF OSTEOPOROSIS





**14. DIAGNOSIS AND SUPPLY OF VIAGRA**





15. **CLINICAL QUALITY/CLINICAL GOVERNANCE**

CMO informed members that the Department was consulting a wide range of Committees and professional bodies to seek professional views about the development of clinical quality and clinical governance in NI. A policy paper which takes account of these views would be issued within the next few weeks.

16. **ANY OTHER BUSINESS**



17. **DATE OF NEXT MEETING**